

HB 2075 -- HEALTH INSURANCE PREMIUM RATE FILING

SPONSOR: White

Beginning July 1, 2015, this bill prohibits a health carrier from delivering, issuing for delivery, continuing, or renewing any health benefit plan written in Missouri or written outside of Missouri but insuring Missouri residents until the classification of risks and premium rates have been filed with the Director of the Department of Insurance, Financial Institutions and Professional Registration. A health carrier is prohibited from using premium rates until at least 30 days after the date the classification of risks and the premium rates have been filed with the department director.

Premium rates must not be excessive, inadequate, unfairly discriminatory, or unjustified, as specified in the bill. If a premium rate meets the premium rate change threshold, the health carrier must file, along with the classification of risks and premium rates, information sufficient to justify the premium rate, including information specified in the bill and the department director must issue a determination as to whether the premium rates filed are excessive, inadequate, unfairly discriminatory, or unjustified. The health carrier may appeal the department director's determination under these provisions to the department.

The bill specifies whether certain information filed pursuant to these provisions must be treated as an open record or a closed record.

Any violation of these provisions must constitute a level two violation under Section 374.049, RSMo. Each use of a premium rate that was not filed as required under these provisions, as specified in the bill, must constitute a separate violation.